

Buffalo Bill Days Volleyball Tournament Registration Form

Team Name: _____

Team Captain: _____

Phone Number: _____

Email Address: _____

Pool Play Preference: _____ Morning _____ Afternoon _____ No preference

(Choices will be awarded on a first received basis so the earlier you register the better your chances are of getting your chosen pool play time)

Send Registration Form along with \$100 check made out to Buffalo Bill Days to:

City of Lanesboro

PO Box 333

Lanesboro, MN 55949